

**SEYMOUR COMMUNITY SCHOOL DISTRICT PARENT
PERMISSION TO GIVE "OCCASIONAL"
NONPRESCRIPTION/OVER-THE-COUNTER
MEDICATION 6th grade thru 12th grade**

Student Name _____ School _____ Grade _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at school.

**PLEASE INDICATE EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION FOR
ADMINISTRATION BY SCHOOL PERSONNEL**

Acetaminophen (Tylenol) yes / no

Ibuprofen (Advil) yes / no

Antacid (Tums) yes / no

Antihistamine (Claritin) yes / no

Cough Drops yes / no

- Please keep in mind we do not supply chewable or liquid forms of medication.
- Nonprescription/over-the-counter medication will not routinely be sent on all field trips.

The school is not able to supply medication for frequent or daily use.

- If the medication must be given daily or for OTC medications not listed on this form, please supply medication and use the form "Parent/Guardian instructions/consent for medication administration."

MEDICATION HISTORY:

Is your student allergic to any medications? _____ If yes, please list medicine(s) and type of reaction:

Does your student take any medication (either over-the-counter or prescription) on a regular basis?
_____ If yes, please list:

Please contact Erica Albert Health Services Secretary at 920-833-2306 Ext. 426 or elialbert@seymour.k12.wi.us with any updated medical information.

Signature of Parent/Legal Guardian _____ Date _____

2024-2025

Must be renewed every year